



MISSISSIPPI BOARD OF BARBER EXAMINERS

BARBER BUSINESS CHANGE REQUEST

THIS FORM IS ONLY FOR REPORTING A CHANGE TO THE BUSINESS MANAGER, BARBER CHANGES, AND NUMBER OF CHAIRS LOCATED IN THE BARBER SHOP. IF YOU ARE REQUESTING A LICENSE FOR A NEW BARBER BUSINESSES OR CHANGES OF OWNERSHIP OR LOCATION, YOU ARE REQUIRED TO COMPLETE FORM MBBE 07.				
CHECK PURPOSE OF THIS APPLICATION:				
CHANGE OF MANAGER INSTRUCTOR ADDITIONS OR DELETIONS	ADDITIONAL CHAIRS			
How many barber chairs operating per day as previously reported:	Number of chairs in shop as previously reported:			
How many barber chairs operating per day now:	Number of chairs now located in shop:			
Manager (Printed): _____ Manager's Social Security Number: _____ Manager's Signature: _____				
Manager's Mailing Address- Street or PO Box: _____			City: _____	State: _____ Zip: _____
Manager's Phone Number: _____		Manager's Email Address: _____		
Is the Business Manager a MS licensed barber: <input type="radio"/> No <input type="radio"/> Barber – License Number: _____				
BARBER CHANGES				
Name	License #	Add	Delete	Effective Date
Name	License #	Add	Delete	Effective Date
Name	License #	Add	Delete	Effective Date
NOTE: IF THERE IS A REDUCTION IN THE NUMBER OF CHAIRS IN THE SHOP, THE CHANGE NOTICE IS REQUIRED; HOWEVER NO FEE IS REQUIRED				
\$ _____ 1. Number of Chairs Added: _____ X \$15.00 per barber chair (business check, money order, cashier's check – no cash accepted)				

SIGNATURE OF INDIVIDUAL REQUESTING CHANGE	EFFECTIVE DATE
---	----------------